

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004369

Entity Name: GOOD HOPE EQUESTRIAN TRAINING CENTER, INC.**Current Principal Place of Business:**22155 SW 147 AVE
MIAMI, FL 33170**Current Mailing Address:**PO BOX 700016
MIAMI, FL 33170-0016 US**FEI Number: 65-0945018****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BASS, MARGARET M
22155 S.W. 147TH AVENUE
MIAMI, FL 33170 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title SECRETARY
Name ELIAS, NANCY
Address 7685 SW 153RD STREET
City-State-Zip: MIAMI FL 33157

Title VP
Name JOYCE, ELIZABETH ESQ.
Address 5940 GRANADA BLVD.
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name QUILLIAN, WARREN DR.
Address 6901 CAMARIN STREET
City-State-Zip: CORAL GABLES FL 33146

Title PRESIDENT
Name KOENIGSBERG, DEBBY
Address 8877 SW 137TH STREET
City-State-Zip: MIAMI FL 33176

Title TREASURER
Name PEREZ, SEAN P ESQ.
Address 1105 SW 87TH AVENUE
City-State-Zip: MIAMI FL 33174

Title DIRECTOR
Name LAZZERI, JEFF
Address 18291 SW 206TH STREET
City-State-Zip: MIAMI FL 33187

Title DIRECTOR
Name ANDERSON, PORTER PHD
Address 6901 E EDGEWATER DRIVE,
SUITE#219
City-State-Zip: CORAL GABLES FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NANCY ELIAS**SECRETARY****01/06/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date